

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner : Kathleen M. Christman
Group : 3713
Applicant : Cheol Kim
Serial No. : 09/254,058
Filing Date : June 14, 1999
For : CAPTION TYPE LANGUAGE LEARNING SYSTEM USING
CAPTION TYPE LEARNING TERMINAL AND
COMMUNICATION NETWORK

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Commissioner for Patents
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Alexandria, VA 22313-1450


CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that the attached Response is being facsimile transmitted to the
Patent and Trademark Office on July 9, 2003.

Respectfully submitted,

CHEOL KIM

By: Warner Norcross & Judd LLP



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Fax Cover Sheet

Date: July 9, 2003 Pages: 18, including this cover sheet.
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COMMISSIONER FOR PATENTS
 WASHINGTON, D.C. 20231

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below:

CLAIMS AS AMENDED

| Col. 1 | | Col. 2 | | Col. 3 | Small Entity | | Other Than A Small Entity | |
|------------------------------------------------|-------------------------------------------|--------|---------------------------------------|------------------|--------------|--------------|------------------------------|--------------|
| | Claims Remaining After Amendment | | Highest No. Previously Paid For | Present Extra | Rate | Add'l Fee | Rate | Add'l Fee |
| Total Claims | *14 | Minus | **45 | -0- | x \$9 | \$0 | x \$18 | \$0 |
| Independent Claims | *3 | Minus | ***5 | -0- | x \$42 | \$0 | x \$84 | \$0 |
| First Presentation of Multiple Dependent Claim | | | | | + \$140 | \$0 | + \$280 | \$0 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | | \$0 | \$ | \$0 |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.


The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. X No additional fee is required.
2. A check in the amount of \$ is attached.

Applicant : Cheol Kim
Serial No. : 09/254,058
Page No. : 2

3. X Please charge any additional fees or credit overpayment to Deposit Account No. 23 0457.
Two copies of this sheet are attached.

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